

STATEMENT OF ECONOMIC INTERESTS

RECEIVED

Date Received  
MAR 13 2013

La Habra City Clerk Department

Please type or print in ink.

NAME OF FILER (LAST) Espinoza (FIRST) Rose (MIDDLE) Marie  
2013 APR -6 PM 12:01

1. Office, Agency, or Court

Agency Name

City of La Habra

Division, Board, Department, District, if applicable

City Council

Your Position

Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: "See Attached"

Position: Director

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Multi-County

☒ City of La Habra

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.

-or-

The period covered is / / , through December 31, 2012.

☐ Leaving Office: Date Left / / (Check one)

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ The period covered is / / , through the date of leaving office.

☐ Assuming Office: Date assumed / /

☐ Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page:

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

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herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed 03/13/2013

(month, day, year)

# SCHEDULE D Income - Gifts

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Rose Espinoza

► NAME OF SOURCE (Not an Acronym)

Jones & Mayer Law Office

ADDRESS (Business Address Acceptable)

3777 North Harbor Blvd., Fullerton, CA 92835

BUSINESS ACTIVITY, IF ANY, OF SOURCE

City Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 17 / 12	\$ 135.00	Attend luncheon
	\$	
	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments:

## FORM 700 – ATTACHMENT

FILER'S NAME: ROSE M. ESPINOZA, COUNCILMEMBER

FILING PERIOD: 1/1/12 – 12/31/12

I am filing an expanded statement as Director of the following agencies within the jurisdiction of the City of La Habra:

SUCCESSOR AGENCY TO THE LA HABRA REDEVELOPMENT AGENCY  
LA HABRA CIVIC IMPROVEMENT AUTHORITY  
LA HABRA HOUSING AUTHORITY  
LA HABRA UTILITY AUTHORITY

I am filing an expanded statement as Alternate of the Orange County Sanitation District, Delegate of the Southern California Association of Governments, and a Delegate of the HOSEC Steering Committee.